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1. Have you ever used any variation in the spelling of your name, or have you ever used any other name (an alias)? *

☐ Yes ☒ No

2. Have you ever been discharged, fired, or terminated from any employment? *

☐ Yes ☒ No

3. Have you ever been denied appointment to a position in a civil service system, federal, state or local? *

☐ Yes ☒ No

4. Have you ever been rejected for military service? *

☐ Yes ☒ No

5. Have you ever served in the armed forces of this or any other country? *

☐ Yes ☒ No

6. If you answered "Yes" to Question Number 5, were you dishonorably discharged? *

☐ Yes ☒ No

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7. Have you ever been arrested, indicted, or received a criminal court summons or any other summons, for ANY offense other than a parking violation, in ANY jurisdiction - federal, state, local, or foreign? Note: You must answer "Yes" to this question even if the arrest or summons was dismissed, sealed, voided, or nullified by operation of law. The New York State Division of Criminal Justice Services will report to us every instance involving the arrest of an applicant. DO NOT rely on anyone's representation that you need not list a previous arrest or summons because it was dismissed, sealed, voided, or nullified by operation of law. If you were ever convicted of, or pleaded guilty to, a felony, or a serious offense as defined in Penal Law Section 265.00(17), an original Certificate of Relief from Disabilities must be submitted. *

☐ Yes ☒ No

8. Have you ever used narcotics, controlled substances, or tranquilizers? *

☐ Yes ☒ No

9. Have you ever used illegal drugs? *

☐ Yes ☒ No

10. Have you ever been addicted to any drug, narcotic, or other substance? *

☐ Yes ☒ No

11. Have you ever been diagnosed with mental illness, or due to mental illness received treatment, been admitted to a hospital or institution, or taken medication? *

☐ Yes ☒ No

12. Have you ever had any disability, condition, illness, or impairment that may interfere with your ability to safely possess or use a firearm? Note, you must list any such disability, condition, illness, or impairment, including, but not limited to, epilepsy, diabetes, fainting spells, blackouts, temporary loss of memory or any nervous disorder. *

☐ Yes ☒ No

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13. Have you ever had, or do you now have, an Order of Protection issued against you? *

☐ Yes ☒ No

14. Have you ever been the protected person on an Order of Protection? *

☐ Yes ☒ No

15. Have you ever been involved in a domestic incident which was reported to police? *

☐ Yes ☒ No

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PROTECTING YOUR CONFIDENTIALITY

The names and zip codes of handgun licensees (and possibly other information in your application) are public record; however, pursuant to NYS law, you can request that all of your application information be kept confidential by filling out the "NYS Firearms License Request for Public Records Exemption" form (hereinafter referred to as the "Confidentiality Request Form").

To be eligible to fill out the form, you need to be in one of the four categories listed on the form. For example, one of the categories (Number 4) is that you have reason to believe that you may be subject to unwarranted harassment if your application information is publicly disclosed. If you are in this category, or any of the other listed categories, you can FILL OUT THE FORM NOW to request that your name (and other information about you in your handgun license application) be kept confidential.

It is most likely that NYPD will be required to include your name, zip code, and license type on lists of licensees requested by newspapers and others unless you are in one of the categories on the Confidentiality Request Form, you fill out and submit the form, and your request is granted. There may be limited exceptions, but if you are in one of the categories on the form and you want confidentiality, you should submit the form now. The form is included here on this page -- see immediately below. You just need to fill out the form here and click "submit".

[NYS Firearms License Request for Public Records Exemption Form](#)

Pursuant to section 400.00 (5) (b) of the NYS Penal Law

I hereby request that any information concerning my firearms license application or firearms license not be a public record. The grounds for which I believe my information should **NOT** be publicly disclosed are as follows: (check all that are applicable)

☐ **1. My life or safety may be endangered by disclosure because:**

☐ **A. I am an active or retired police officer, peace officer, probation officer, parole officer, or corrections officer;**

☐ **B. I am a protected person under a currently valid order of protection;**

☐ **C. I am or was a witness in a criminal proceeding involving a criminal charge;**

☐ **D. I am participating or previously participated as a juror in a criminal proceeding, or am or was a member of a grand jury;**

☐ **2. My life or safety or that of my spouse, domestic partner or household member may be endangered by disclosure for some other reason explained below: (Must be explained in item 5 below)**

☐ **3. I am a spouse, domestic partner or household member of a person identified in A, B, C or D of question 1. (Please check any that apply)**

☐ **A**

☐ **B**

☐ **C**

☐ **D**

☐ **4. I have reason to believe that I may be subject to unwarranted harassment upon disclosure.**

5. (Please provide any additional supportive information as necessary)

- ☒ (A) I want this Confidentiality Request form to apply to any and all of my NYC handgun license applications and licenses.
- ☐ (B) I am not submitting a Confidentiality Request form, and I hereby withdraw any such previous requests.

Additional Information

Your response to (A) and (B) supersedes all previous responses regarding confidentiality requests. If your request is denied, you will be notified by email. If you have multiple NYC handgun licenses, and you want to submit a confidentiality request form that does not apply to all of them, you may do so. For assistance, send an email to DG_LIC-Issuing-PurchaseOrders@NYPD.ORG (mailto:DG_LIC-Issuing-PurchaseOrders@NYPD.ORG). You may submit a Confidentiality Request form at any time in the future on our website.

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For Carry Guard/Security handgun license applicants: Provide a statement acknowledging that the handgun may only be carried during the course of and strictly in connection with the applicant's job, business or occupational requirements. *

For all handgun license applicants: Provide a statement explaining the manner in which the handgun will be secured when not being used. *

For Concealed Carry, Special Carry and Carry Guard/Security handgun license applicants: Provide a statement indicating that the applicant has been trained or will receive training in the use and safety of a handgun. *

For Carry Guard/Security handgun license applicants: A statement acknowledging that the applicant's employer, or, if self-employed, the applicant, is aware of its, or his or her, responsibility to properly dispose of the handgun and return the license to the License Division upon the termination of the applicant's employment or the cessation of the business. *

For all handgun license applicants: A statement indicating that the applicant has read and is familiar with the provisions of Penal Law Articles 35 (use of deadly force), 265 (criminal possession and use of a firearm) and 400 (responsibilities of a handgun licensee) *

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We need a few documents with your application to verify your identity and address.

Instructions: You'll need an electronic version of any document you want to upload. The electronic file can't be larger than 5MB and must be in one of these file formats:

- pdf, tif, jpg, jpeg, gif, png, bmp
- Can't have a file name containing any special characters: accents, tildes, symbols, etc. (e.g., è, é, ñ, &, *, #).

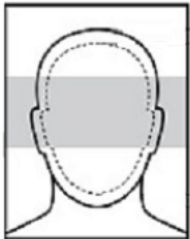
To upload your document:

1. Find and select the file on your computer or portable flash drive.
2. Select the Submit File button.
3. Repeat for all the required documents.

☒ Recent Photograph *

A recent color passport-type photograph, front view. Do not wear any article of clothing or adornment that obscures your facial feature (hats, headgear and glasses of all kinds must be removed except for religious purposes). Absolutely NO "Selfies" will be accepted.

* File Photo Requirements



- The photo must meet the same requirements as a U.S. Passport Book and must be taken within the last 30 days.
- The head should not be tilted.
- The eye line should be about 55% above the bottom of the frame.
- The head width should occupy about 70% of the frame.
- The image should be well lighted.
- The image format should be tif, jpg, jpeg, gif, png, bmp.

 No file chosen

☒ Identity Verification *

Submit a copy of a government issued identification. For example, a Driver's License, State ID

 No file chosen

☒ Proof of date of birth *

Provide a Birth Certificate, Military Record, Passport

 No file chosen

☒ Proof of Residence *

We need proof of your present address. Proof may consist of a Utility Bill, Real Estate Tax Bill, Ownership in co-op condo, Lease, Maintenance Bill.

 No file chosen

☒ Safeguard's Government Issued Photo ID/All Firearm Licenses *

Upload a government photo identification of your safeguard person. if you have a firearm license, please include front/back of your license.

 No file chosen

☒ Affidavit of Co-habitant *

Upload a notarized Affidavit of Co-habitant. The form can be downloaded from the "Forms" link on this page.

 No file chosen

☐ **Training Certificate/Documentation**

18 hour DCJS approved training course. Certificate requirements can be found in P.L. 400.00(19). Minimum standards can be found here ([https://www.criminaljustice.ny.gov/FINAL NYSP-DCJS Minimum Standards for Firearm Safety Training 8-23-22.pdf#:~:text=The%20New%20York%20State%20Division%20of%20Criminal%20Justice,will%20be%20deemed%20approved%20by%20DCJS%20and%20DSP.](https://www.criminaljustice.ny.gov/FINAL%20NYSP-DCJS%20Minimum%20Standards%20for%20Firearm%20Safety%20Training%208-23-22.pdf#:~:text=The%20New%20York%20State%20Division%20of%20Criminal%20Justice,will%20be%20deemed%20approved%20by%20DCJS%20and%20DSP.))

Choose File No file chosen

Submit File

☒ **Additional Documents**

You may also upload any additional documents here.

Choose File No file chosen

Submit File

Documents Uploaded

DOB Proof - [REDACTED]	Remove	Pass
Photograph - [REDACTED]	Remove	
Photo ID - [REDACTED]	Remove	
Safeguard - [REDACTED]	Remove	
Cohabitant - [REDACTED]	Remove	
Additional Documents - [REDACTED]	Remove	
Residence Proof - [REDACTED]	Remove	

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Are you being represented by counsel?

☐ Yes ☒ No

Did anyone assist you in preparing the application?

☐ Yes ☒ No

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Verify Your Information

Application Type

CONCEALED CARRY

Print

Are you renewing an existing license/permit? *

No

License for Renewal

—

Application Number

—

First Name

Last Name

Middle Initial

—

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☐

- ☒ The undersigned affirms and acknowledges that he/she has knowledge of and shall be responsible for compliance with all laws, rules, regulations, standards and procedures, promulgated by federal, state, or local jurisdictions, and by federal, state, or local law enforcement agencies that are applicable to this license. *

☐

- ☒ The undersigned affirms that the statements made and answers given herein are accurate and complete, and hereby authorizes the New York City Police Department, License Division to make appropriate inquiries in connection with processing this application. False written statements in this document are punishable under Section 210.45 of the New York Penal Law (making a punishable false written statement) and also will be sufficient cause for denial of an application, license or permit by the New York City Police Department, License Division. *

☐☐

- ☒ The undersigned affirms that he/she will provide signed and notarized Release(s) authorizing the License Division to obtain any and all information that the License Division deems relevant to its review of his/her application for a firearm license. A sample Release Form is provided in the Forms section of this website. *

☐

- ☒ **The undersigned affirms that he/she has read the following warnings: WARNING: THE PRESENCE OF A FIREARM IN THE HOME HAS BEEN ASSOCIATED WITH AN INCREASED RISK OF DEATH TO SELF AND OTHERS, INCLUDING AN INCREASED RISK OF SUICIDE, DEATH DURING DOMESTIC VIOLENCE INCIDENTS, AND UNINTENTIONAL DEATHS TO CHILDREN AND OTHERS. WARNING: RESPONSIBLE FIREARM STORAGE IS THE LAW IN NEW YORK STATE. FIREARMS MUST EITHER BE STORED WITH A GUN LOCKING DEVICE OR IN A SAFE STORAGE DEPOSITORY OR NOT BE LEFT OUTSIDE THE IMMEDIATE POSSESSION AND CONTROL OF THE OWNER OR OTHER LAWFUL POSSESSOR IF A CHILD RESIDES IN THE HOME OR IS PRESENT, OR IF THE OWNER OR POSSESSOR RESIDES WITH A PERSON PROHIBITED FROM POSSESSING A FIREARM UNDER STATE OR FEDERAL LAW. FIREARMS SHOULD BE STORED UNLOADED AND LOCKED IN A LOCATION SEPARATE FROM AMMUNITION. LEAVING FIREARMS ACCESSIBLE TO A CHILD OR OTHER PROHIBITED PERSON MAY SUBJECT YOU TO IMPRISONMENT, FINE, OR BOTH. ***

- ☒ **State Mandated warning pursuant to P.L 400.00(18)(b) from must be printed and saved.**
*

While the application is pending, the applicant shall make an immediate report to the License Division, New Applicant Section at (646) 610-5551 and by e-mail at DG_LIC-HandgunIntake@NYPD.ORG, of any of the following occurrences:

1. Arrest, indictment, or conviction in any jurisdiction; summons other than traffic infraction; suspension or ineligibility order issued pursuant to section 530.14 of the New York State Criminal Procedure Law or Section 842 a of the New York State Family Court Act.
2. Change of business or residence address.
3. Change of business, occupation or employment.
4. Any change in the circumstances cited by the applicant in their application.
5. Receipt of psychiatric treatment or treatment for alcoholism or drug abuse, or the presence or occurrence of any disability or condition that may affect the ability to safely possess or use a handgun.
6. Applicant is or becomes the subject or recipient of an Order of Protection or a Temporary Order of Protection or the subject of an Extreme Risk ("Red Flag") Protection Order.

The applicant be required to provide additional documentation for any of the above occurrences to License Division personnel.

After clicking "Finalize and Pay", you will not be allowed to make any further changes to your application. Also, your initiated application is not considered complete until payment of the application fee is made or your request for fee waiver has been approved.

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Finalize and Pay

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Select Payment Type

Application Payment Type *

☒ City Pay

☐ In-Person Payment

By selecting the City Pay option, you are choosing to pay your application fee online by credit /debit card or eCheck. Click "Next" to be directed to the New York City Department of Finance website to process your application payment. A service fee of 2.00% of the payment amount is charged for Credit and debit card payments. This fee is nonrefundable. Most major Credit Cards are accepted. Once your application payment has been processed, you will receive a confirmation e-mail with an application number and further instructions. To pay by eCheck (electronic check), you will need your checking account and routing number; there is no service fee. However, it will take approximately one week to process your payment. Once your payment is processed, you will receive a confirmation e-mail with an application number and further instructions.

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Confirmation

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Your payment is being processed. Once the payment is processed, you will receive a payment confirmation e-mail.

Your Payment Reference Number Is:



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